Composite State Board of Medical Examiners Physician's Assistant Licensure Unit 2 Peachtree Street, N.W., 36thFloor Atlanta, Georgia 30303

Telephone: (404) 656-3913 Fax: (404) 656-9723

ADDITIONAL DUTIES REQUEST FORM FOR PHYSICIAN'S ASSISTANTS

Physician's Assistants: Each additional duty to be performed above and beyond those duties described in your basic job description must have PRIOR APPROVAL by the Composite State Board of Medical Examiners. Please complete one form per additional duty. Please use as many forms as necessary for your additional duties. You MAY NOT perform these duties until the Medical Board has notified you that your request for additional duties has been approved.

ysic	ian Assistant Name			License #	
		Last Name	First Name	First Nan	1e
CI	FIC DUTY REQUESTED):			
1.	. Number of times performed under direct supervision:				
2.	Length of time performed (days, weeks, months):				
3.	Certification from sponsoring physician that the Physician's Assistant is competent to perform the duty requested, (i.e. coursework):				
4.	If the duties being requested were performed in a previous practice not associated with your current practice, did you contact the physician to verify that the PA was competent and proficient in the dutie being requested?YESNO (please circle one)				
5.	Statement from sponsoring physician of the Physician's Assistant's ability to recognize and manage complications.				
onsoring Physician's Typed Name		ame S	Sponsoring Physician's Speciality		License Number
nso	ring Physician's Signature	e		Date	
nso	ring Physician: LIST CUR	RENT BOARD CE	RTIFICATIONS:		
rsician's Assistant Typed Name			Physician's Ass		

PLEASE RETURN THIS FORM TO THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS AT THE ADDRESS LISTED ABOVE.

Revised: 1/2005